



Las Animas-Huerfano Counties District Health Department

412 Benedicta Avenue
 Trinidad, CO 81082
 (719) 846-2213

115 E. 5th Street
 Walsenburg, CO 81089
 (719) 738-2650

Application for Special Events with Food and Drink

ALL VENDORS please submit this application to the Las Animas-Huerfano Counties District Health Department once prior to your first event in this county. Please allow 10 days for processing. *If licensed in Colorado but outside of Las Animas-Huerfano Counties also include a copy of your Colorado Retail Food Establishment License.* **VENDORS NOT LICENSED IN COLORADO** please submit \$100 plan review fee with your application to begin the licensing process. .

Please complete the following information:

Retail Food Establishment Name			Legal Owner's Name		
Establishment Address(Street Address and P.O. Box)					
City		State		Zip Code	
Contact Name			Contact #		
E-mail			Which county issued your license?		

All vendors shall have their Colorado Retail Food Establishment license on premise at all times.

Are you: (Check one)

Unlicensed (Submit with \$100 plan review fee and \$385 license fee _____)

Licensed Temporary Retail Food Establishment _____

Licensed Mobile Unit* _____ *Some options provided throughout form are not applicable.

Colorado Sales Tax # _____

How many people do you anticipate serving each day of the event? _____

Please list ALL events you plan to attend in Las Animas-Huerfano-Custer Counties.

Event name _____	Date _____	Location _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMISSARY

All special event vendors are required to have a local commissary within 30 minutes or 30 miles of your event in the county you are operating in. Self-contained mobile units do not have to have a commissary if all operations can

adequately be done in the mobile unit. If your operation does not need a commissary in Las Animas Huerfano Counties please provide the reasoning in writing.

Name and location of Las Animas-Huerfano-Custer County commissary:

Please complete Commissary Agreement on page 5 of this plan review.

MENU-In addition to detailing processes below please submit a complete menu with this application.

List all items requiring preparation below. Place a √ in the appropriate box stating where each process takes place.

C = Commissary/Commercial Kitchen E = Event

Food	Thaw		Cut/ Assemble		Cook/ Bake		Cool		Reheat		Cold Holding		Hot Holding	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E
Example: Chili	√		√		√		√		√					√
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														

FOOD HANDLING AT THE COMMISSARY

Cooling

How will foods be rapidly cooled to 41°F or below? (mark all that apply)

- Shallow pans (less than 4”) in refrigerator or cooler
- Using an ice-bath to cool the food product
- Ice paddle or wand
- Other (specify) _____

Reheating

How will foods be re-heated to at least 165° F? (mark all that apply)

- Microwave
- Grill
- Oven/ Stove
- Hot plate
- Other (specify) _____

Transport

Please provide the distance that you will be transporting food to the event? _____

What equipment will you use to control temperatures during transport?

- Coolers with Ice
- Cambros for cold foods
- Cambros for hot foods
- Commercial refrigeration
- Other (specify) _____

HANDWASHING SET-UP

A hand-washing station WITHIN each booth or unit is REQUIRED unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check the space below that applies to your booth / unit.

- I will be serving only prepackaged foods that require no preparation and/or cooking.
- I have a handwash sink with hot and cold water under pressure supplied with soap and paper towels.
- I am a temporary event set up and will be serving open foods or beverages and will provide the following for hand-washing:
 - 1) A minimum of **5** gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot (both hands can be washed under running water at the same time)
 - 2) Soap
 - 3) Dispensed paper towels
 - 4) Tall container or large trash can to catch wastewater until it is properly disposed

NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.

POTABLE AND WASTE WATER

Where will you obtain water? Commissary At event Other _____

Will you be using a hose to obtain water? _____ If yes, is your hose food-grade quality? _____

If using a hose(s), do you have a backflow preventer for each hose you will be using? _____

Where will wastewater be disposed?

- Commissary
- Approved on-site receptacle at event
- Other _____

Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from your event coordinator where this is located for each event.

FOOD HANDLING AT THE BOOTH

Hot Food Items

1. How will these foods be cooked at the event? (mark all that apply)

- Grill
- Hot plate
- Deep fat fryer
- Oven/Stove
- Microwave
- Smoker
- Other (specify) _____

2. How will hot foods be held at 135°F or above at the event? (mark all that apply)

(Sterno burners are prohibited)

- Steam table
- Held on grill until served
- Served immediately after cooking
- Other (specify) _____

3. What utensils will you use to dispense or serve the hot items? _____

Cold Food Items

1. How will cold foods be held at 41°F or below at the event? (mark all that apply)

- Refrigerator / freezer

- Ice chest - *must be drainable and foods stored in sealed containers*
- Other (specify) _____

2. What utensils will you use to dispense or serve the cold items? _____

3. What kind and how many food thermometers (0-220°F) do you have?

- Metal stem probe _____
- Thermocouple _____
- Digital _____

OPERATIONS

How will you prevent bare hand contact with ready to eat foods?

- Tongs
- Food-grade disposable gloves
- Deli tissues
- Other (list) _____

Where will vegetables and/or fruit be washed? _____ N/A

Where will utensil washing take place? (Washing utensils in 3 wash tubs is not allowed.)

- Commissary
- Commercial 3-compartment sink in booth/mobile unit

If providing a three compartment sink in your mobile unit or booth please indicate sizes below.

3 compartment sink bays (if bays are different sizes please indicate otherwise if they are the same provide once):

Length _____ Width: _____ Depth: _____

Drainboards:

Soiled: Length _____ Width _____ Clean: Length _____ Width _____

How many gallons of water can your water tanks hold?

N/A Potable: _____ gallons Gray: _____ gallons

What sanitizer will be used for wiping cloths?

- Chlorine
- Quaternary Ammonia
- Other (specify) _____

Test kits shall be provided to test sanitizer concentrations.

BOOTH LAYOUT- Provide a drawing of the Temporary Food Establishment or Mobile Unit. Identify all equipment. The layout shall include the following:

- Cooking equipment
- Hand washing facilities
- Food and single service storage
- Customer service area
- Hot and cold holding equipment
- Work surfaces
- Garbage containers
- Personal item storage/ Break area

*****PLEASE SUBMIT A COPY OF THE MENU WITH THE APPLICATION*****

Submit to:

Las Animas-Huerfano Counties District Health Department
 Environmental Health
 412 Benedicta Avenue
 Trinidad, CO 81082
 rsykes@la-h-health.org
 Ph (719) 846-2213 X 623 Fax (719) 846-4472

DEPARTMENT USE ONLY

Type: <input type="checkbox"/> New <input type="checkbox"/> Turnkey	Fee: <input type="checkbox"/> N/A <input type="checkbox"/> \$100	Receipt # _____	Date paid: _____
EH Specialist _____		Type Special Event Open or Special Event Pre-packaged	
Program Element _____		Frequency	0.5 1 2

Las Animas-Huerfano Counties District Health Department

Commissary Agreement

for Temporary Retail Food Operation or Mobile Unit

_____ Date

I, _____ of _____,
(Owner/ Operator of Commissary) (Establishment Name)

located at _____
(Address of Commissary)

do hereby give permission to _____
(Name of Temporary Retail Food Operation or Mobile Unit)

to use my kitchen facilities for:

- | | |
|--|--|
| <input type="checkbox"/> Preparation of foods such as vegetables, fruits, meats, cooking, cooling and reheating. | <input type="checkbox"/> Dishwashing |
| <input type="checkbox"/> Storage of dry goods and paper goods | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Storage, service and cleaning of equipment | <input type="checkbox"/> Disposal of waste water |
| <input type="checkbox"/> Storage of hot and cold holding equipment | <input type="checkbox"/> Storage of foods |
| | <input type="checkbox"/> Other (list below) |

Commissary water supply? Municipal Well

Commissary sanitary sewer service? Municipal Septic

Indicate hours facility is available for use by operator: Mon _____ to _____ Tues _____ to _____ Wed _____ to _____
Thur _____ to _____ Fri _____ to _____ Sat _____ to _____ Sun _____ to _____

Indicate the equipment available at the commissary for the proposed uses above:

- | | | | |
|--------------------|---------------------|----------------|-------------------------|
| Hand sink _____ | Prep sink _____ | Mop sink _____ | Three bay sink _____ |
| Dish machine _____ | Refrigeration _____ | Freezer _____ | Cooling equipment _____ |
| Dry storage _____ | Other _____ | | |

I agree to provide a separate, designated storage area for all items related to this vendor's operation.

Signature of Owner/Operator Commissary

Phone number

This Commissary Agreement is valid for this year only.